

Kim Durand

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HB 7027 An Act Concerning the State Budget for the Biennium ending June thirtieth 209 and
Making Appropriations Therefor

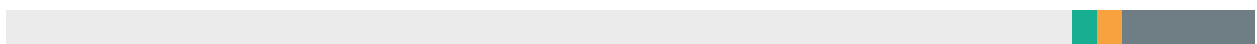
2-16-2017

Good afternoon Senator Osten, Senator Formica, Representative Walker, and members of the Appropriations committee.

My name is Kim Durand, and I am a registered voter in the town of Thompson. I am a member of the Eastern Region Mental Health Boards Catchment Area Council (ERMHB CAC)13 &14, and I am a mother of a daughter who has a mental illness. I am writing you to testify on behalf of the people like my daughter who require services to live the most healthy life possible. Proposed cuts to the DSS budget and the DMHAS budget under HB 7027 will harm many individuals who rely on these services and care. Budget cuts will further limit the already strained access to care and services needed by our community members.

My family is fortunate in that we can support my daughter. However, I have met many people through my participation in NAMI support groups, my work as a Community Health Nurse and now through the ERMHB CAC who do not have this support. They speak of the benefits they receive from the wrap-around services provided by agencies like Northeastern Connecticut's Local Mental Health Authority, United Services, Inc. Services. Programs such as case management, medical and mental health clinical services and social programs bring supports to their lives, assisting them in self- management of their complex illness. These are high need individuals, and without the services and supports our State will realize increases in inpatient admissions. Inpatient care is costly and surely will not help the budget.

Delays in access to needed mental health care already exist, further budgetary cuts will only lengthen the amount of time for an individual with high needs to access care. I recently met



a mother who was attempting to get her daughter needed care. She went to the two largest mental health providers in Northeastern Connecticut, and the wait times for an initial appointment was two months. In this two-month period, this young girl was seen in the local emergency room twice, and one visit required an inpatient admission. The long waits are a symptom of a chronically overburdened and underfunded system of care. I ask that we spend our money more wisely on community mental health services and evidence-based community-based programs and not continue to cut funding.

Our community members' lives are at stake, and access to adequate treatment programs, services, and care needs can assist in the recovery process, which is possible. Hearing about the proposed increase in medication co-pays is concerning for this reason. As a nurse I already see people make decisions about purchasing medication versus food or other necessities. A co-pay increase to someone who has planned a budget to the last penny will only serve to cause harm. The mental health illnesses, like many chronic diseases, do not respond well when left pharmaceutically untreated. We will have increased inpatient care needs, and lives will be at stake.

I am opposed to planned cuts to the DSS and DMHAS budgets being proposed as they directly affect the lives of individuals with whom I work and volunteer. Their needs are high, and resources are small, and they only ask to have access to the care that brings quality and wellness to their lives. I ask that you consider these people in the budget being brought forth.

I thank you for your time and dedication to our community. If you have any questions, please contact me at 860-617-5130 or kimdurand01@gmail.com.

Regards,

Kim Durand RN, BSN

Member ERMHB CAC 13 & 14

Sincerely,

Kim Durand

